

Name  
In Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

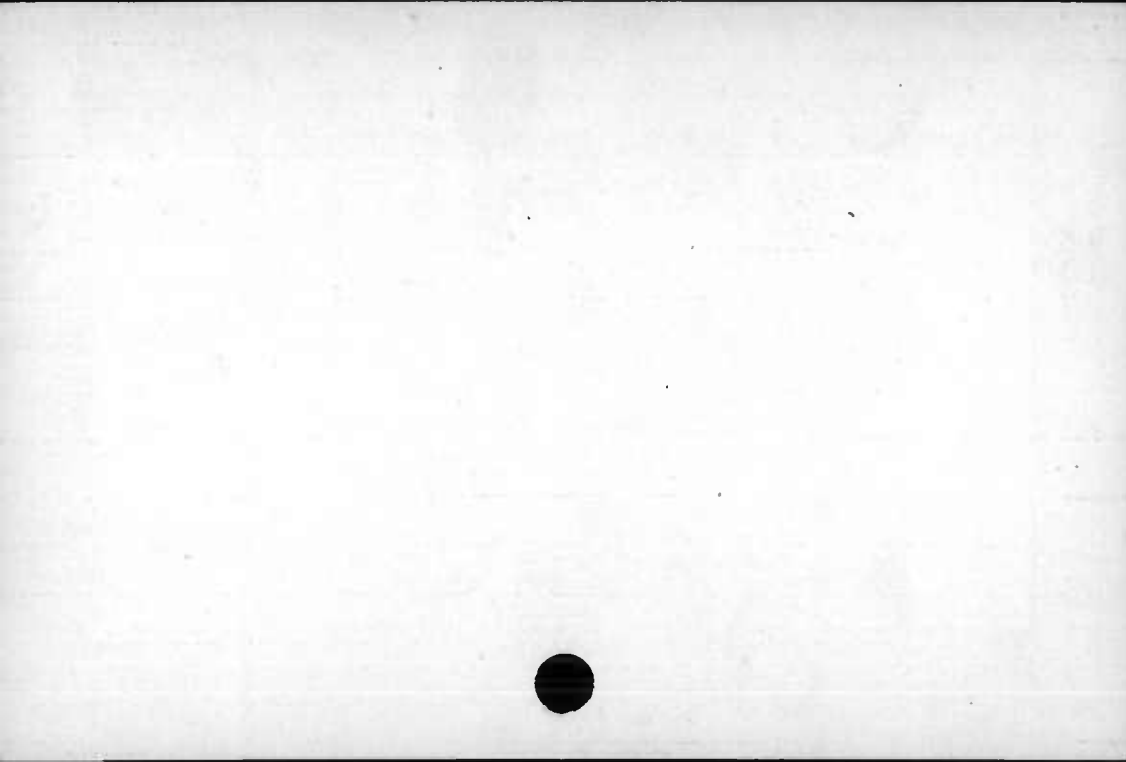
Name In Full <i>John W. Andersson</i>		Town <i>Stevensville</i>		County <i>Queen Anne</i>		MARYLAND	
Died at		Month <i>Jan</i>		Day <i>10</i>		Years <i>75</i>	
Date of death <i>1908</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Unknown</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>J. J. Jackson</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>La Grippe</i>	How long <i>3 or 4 days</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. J. Henry</i>
	Address <i>Stevensville</i>
Accident or Suicide? <i>No</i>	<i>MD</i>



Name  
in  
Full

Mrs Mary E. Bannick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

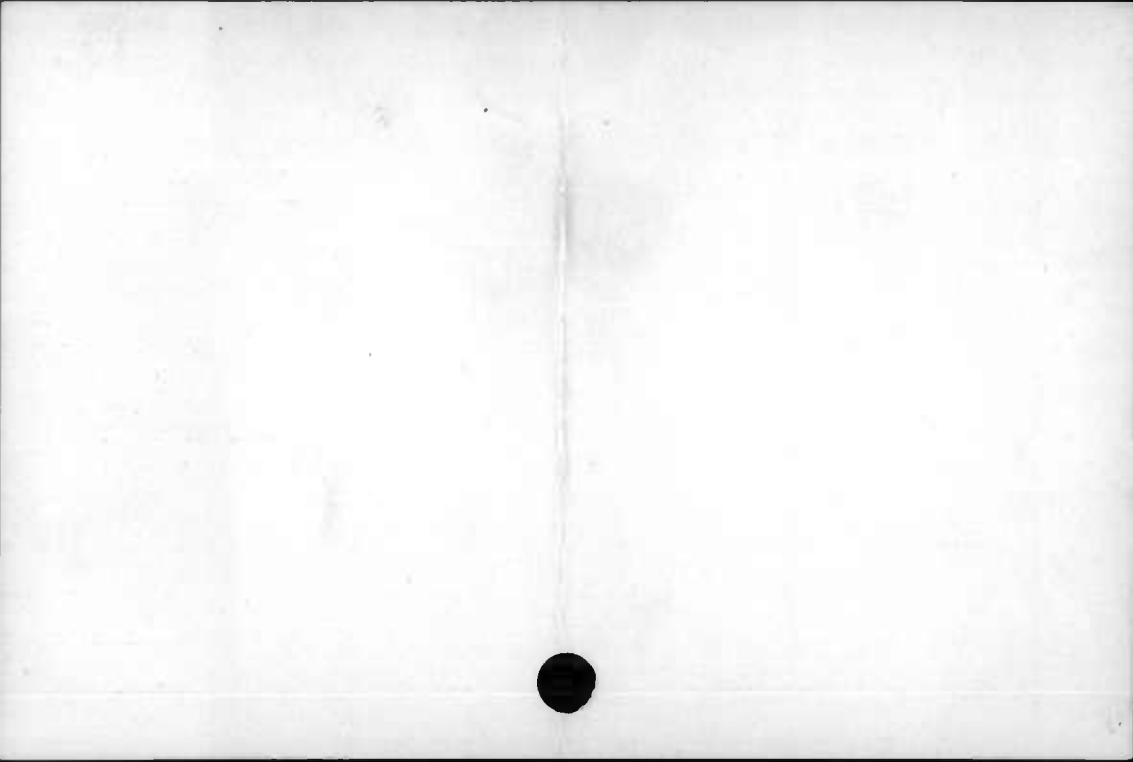
Died at		Town <i>Sussexville</i>		County <i>Winn Anne</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		1	31	Age	59		
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Wilmington</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			<i>Maryland</i>
Married, <del>Single</del> or <del>Widowed</del>	Name of Wife or Husband			<i>John Frank Bannick</i>			
Father's Name	<i>John Reynolds</i>				Father's Birthplace	<i>Wilmington</i>	
Mother's Maiden Name	<i>Margaret Wallace</i>				Mother's Birthplace	<i>Wilmington</i>	
Name of person giving information	<i>John Lewis Bannick</i>				How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Two Years</i>
Immediate	<i>Debility - Exhaustion</i>	How long	<i>one year</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Walter Sudbroke</i>	
		Address	
		<i>Maryland</i>	
Accident or Suicide?			



Name  
in  
Full

Wm H. Brown Jr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

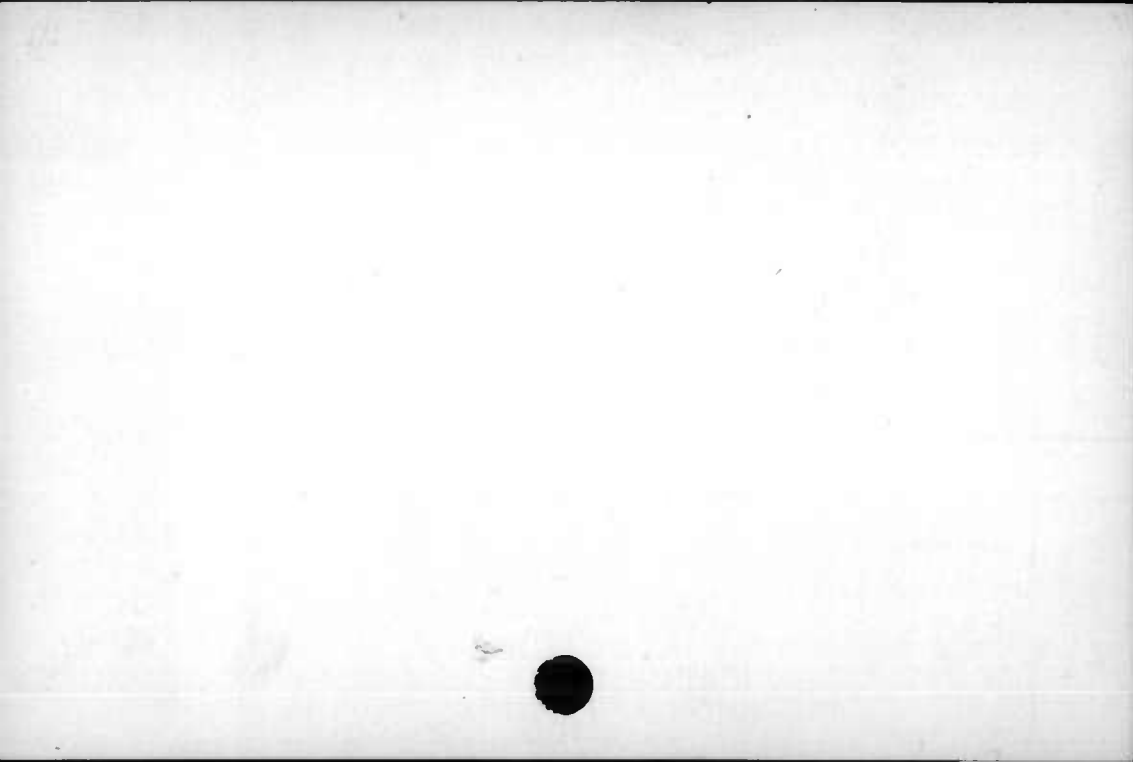
Died at <i>Queenstown</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan'y</i>	Day <i>31</i>	Age <i>59</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Carpenter</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Sallie (Mulligan) Brown</i>				
Father's Name <i>Wm H. Brown</i>	Father's Birthplace <i>Del.</i>				
Mother's Maiden Name <i>Elizabeth Brown</i>	Mother's Birthplace <i>Del.</i>				
Name of person giving information <i>Mrs. Jenny Metzdorf</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmo-laryngeal Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Powland H. Ford</i>
	Address <i>Queenstown, Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Fords</b> <sup>Town</sup>		<b>Queen Anne</b> <sup>County</sup>		MARYLAND	
Date of death <b>1908 Jan</b> <sup>Month</sup>		<b>19</b> <sup>Day</sup>	<b>74</b> <sup>Years</sup>	<b>9</b> <sup>Months</sup>	<b></b> <sup>Days</sup>
Sex <b>male</b>		Color or Race <b>White</b>		Birth-place <b>Ireland</b>	
Occupation <b>Farmer</b>			Where Residing if not at place of death		
Married, Single or Widowed <b>Widower</b>		Name of Wife or Husband <b>Addie Boston</b>			
Father's Name <b>Wm Bryan</b>			Father's Birthplace <b>Ireland</b>		
Mother's Maiden Name <b>Annie Harrison</b>			Mother's Birthplace <b>Ireland</b>		
Name of person giving information <b>Rufus Bryan</b>			How related to deceased <b>Brother</b>		

## CAUSES OF DEATH

Primary	<b>La Grippe</b>	How long	<b>2 weeks</b>
Immediate	<b>Exhaustion</b>	How long	<b>3 hours</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Wm H. Hearn</b>	
Accident or Suicide? <b>No</b>		Address <b>Stevensville Md</b>	





Name  
in  
Full

Erdman Chance

CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

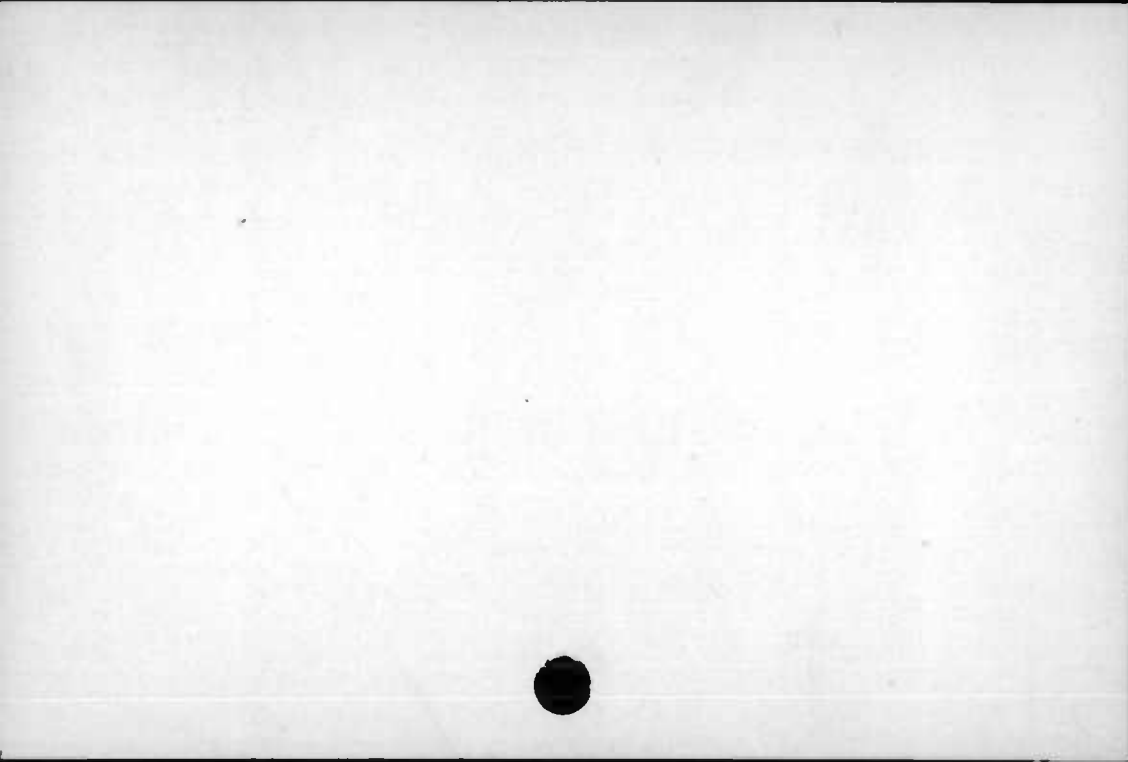
Died at <i>Wye Island</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>1st.</i>	Day <i>12</i>	Age <i>4</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>White.</i>		Birth-place <i>Maryland.</i>		
Occupation <i>Child.</i>			Where Residing if not at place of death <i>Wye Island</i>		
<input checked="" type="checkbox"/> Married, Single or Widowed			Name of Wife or Husband <i>Child</i>		
Father's Name <i>Dawson, Chance.</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Katie Melvin.</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Benj. Melvin.</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary <i>Asthma.</i>	How long <i>2 days</i>
Immediate <i>Convulsions — Heart failure</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Stack M.D.</i>
	Address <i>Wye Mills Md</i>
	Accident or Suicide?



Name  
in  
Full

Annie M Chambers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lugaside</i>		Town <i>Queen Anne's Co</i>		County <i>Anne's Co</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>	Day <i>11</i>	Age <i>54</i>	Years	Months	Days <i>10</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Queen Anne's Co</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Walter Callie's Home</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Wm James Chambers</i>					
Father's Name <i>William Torr</i>		Father's Birthplace <i>Queen Anne's Co</i>					
Mother's Maiden Name <i>Mrs Mary Mosfield</i>		Mother's Birthplace <i>Queen Anne's Co</i>					
Name of person giving information <i>Walter Callie</i>		How related to deceased <i>Son in Law</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>1 yr</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>N. S. Dudley, M.D.</i>	
Address		<i>Ches. Hill</i>	
		<i>Queen Anne's Co Md</i>	
Accident or Suicide?		No.	

Centuries

2

Name  
in  
Full

Natie Alice (Gregory) Callier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

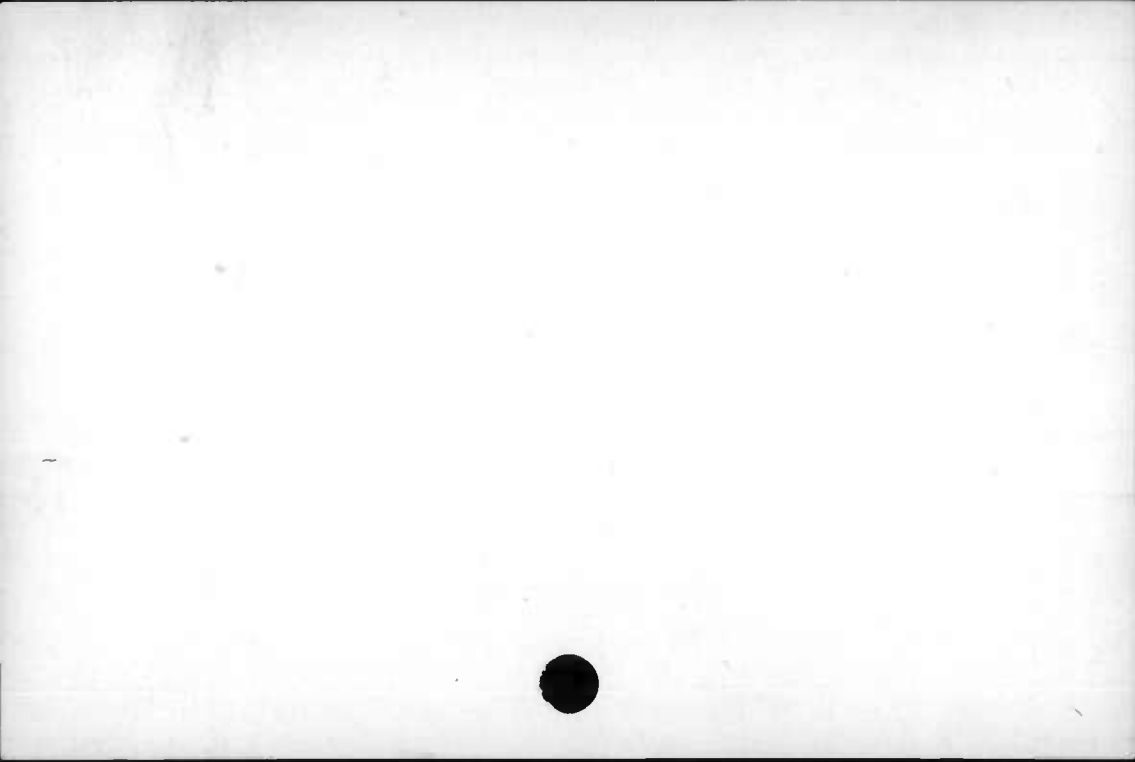
Died at <i>Winchester</i> <sup>Town</sup>		<i>A. A.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>Jan'y.</i> <sup>Month</sup>	<i>16</i> <sup>Day</sup>	Age <i>36</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore, Md.</i>		
Occupation <i>wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>James Edward Callier</i>				
Father's Name <i>George W. Gregory</i>	Father's Birthplace <i>Baltimore, Md.</i>				
Mother's Maiden Name <i>Mary J. Godman</i>	Mother's Birthplace <i>Baltimore, Md.</i>				
Name of person giving information <i>James E. Callier</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

179

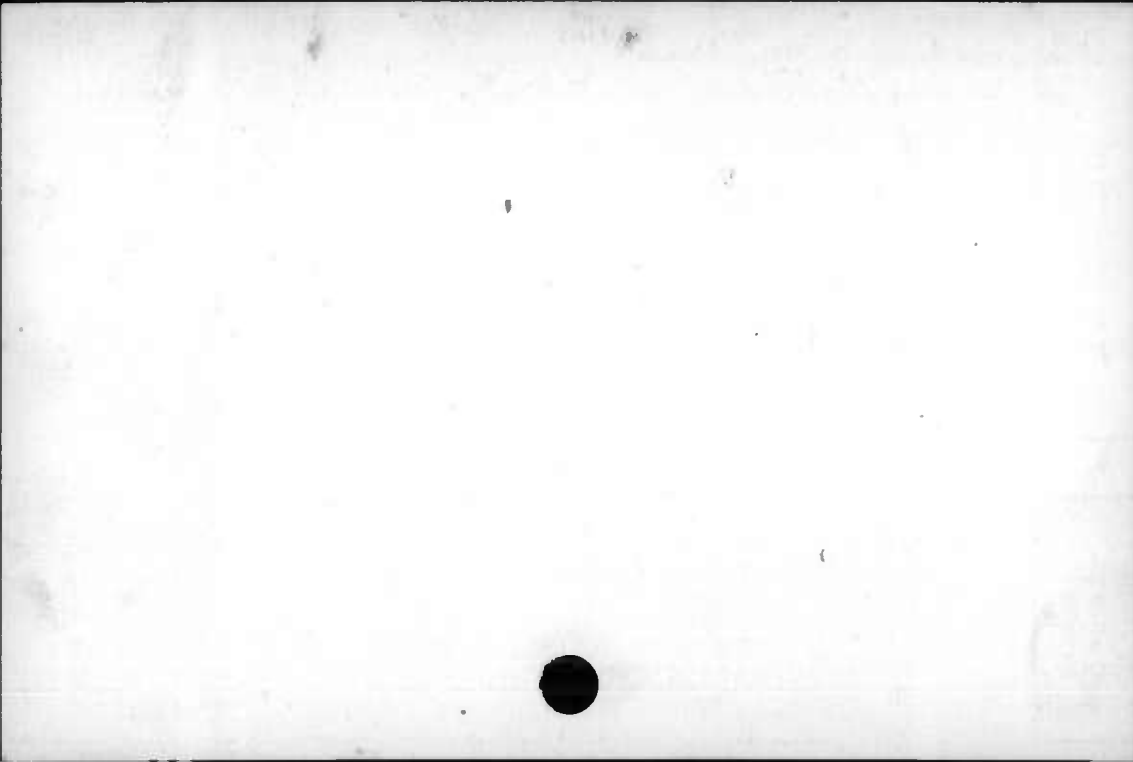
PHYSICIAN  
OR CORONER

Primary <i>Don't know</i>	How long <i>—</i>
Immediate <i>Cardiac exhaustion</i>	How long <i>Six hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rowland H. Ford</i>
<i>X</i>	Address <i>Queensstown, Md.</i>
Accident or Suicide?	



Name in Full		Mabel S Dawkins				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Queenstown <sup>Town</sup>		Queen Anne <sup>County</sup>		MARYLAND	
	Date of death		1908	Month	Jan'y.	Day	1	
			Age		Years	9	Months	
	Sex		Female		Color or Race		White	
	Occupation		Child		Birth-place		Church hill, Mo.	
			Where Residing if not at place of death					
	Married, Single or Widowed		—		Name of Wife or Husband		—	
Father's Name		Thomas G. Dawkins				Father's Birthplace	England	
Mother's Maiden Name		Bessie Mansfield				Mother's Birthplace	R. G. Co., Mo.	
Name of person giving information		Rowland H. Ford				How related to deceased	Physician	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Pneumonia				How long	48 hours
	Immediate		Cardiac failure				How long	Four hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Rowland H. Ford	
					Address		Queenstown, Mo.	
	Accident or Suicide?							

93

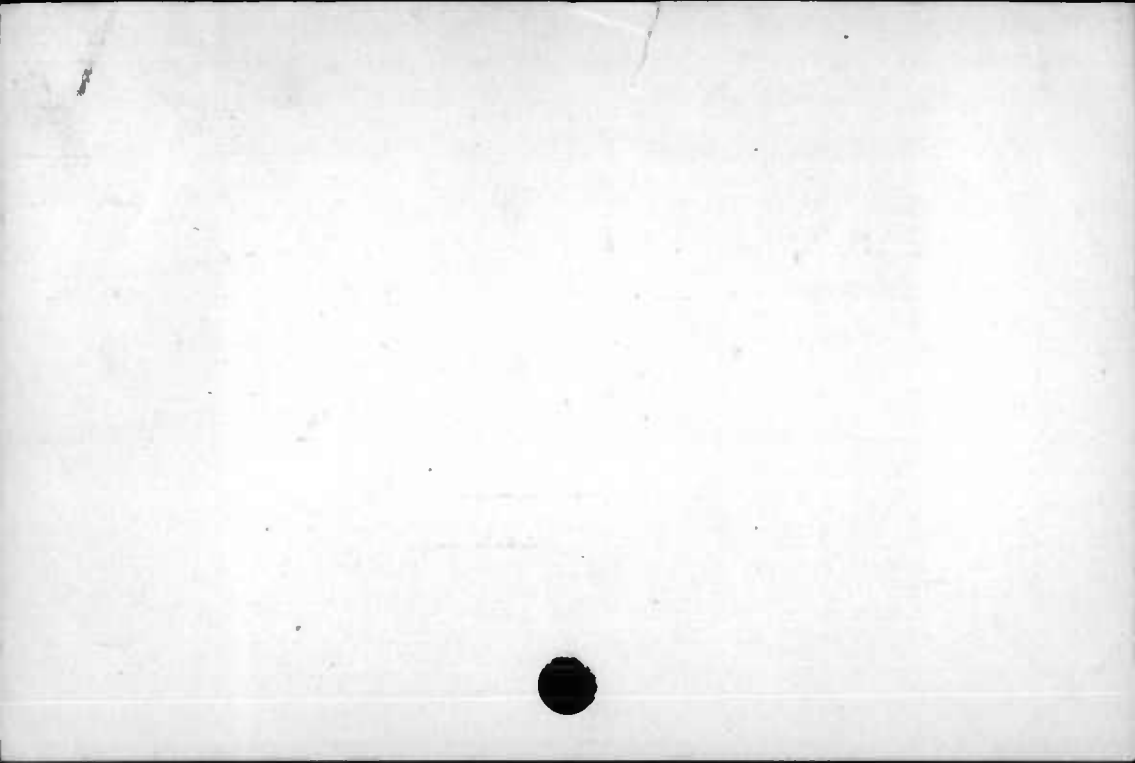




TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full <i>M Catherine Deane</i>		Town <i>near Bridgetown</i>		County <i>Queen Anne</i>		CERTIFICATE OF DEATH	
Died <i>near Bridgetown</i>		Date of death <i>1908</i>		Age <i>69</i>		MARYLAND	
Month <i>1</i>		Day <i>18</i>		Years <i>69</i>		Months <i></i> Days <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Caroline Co Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Place of death</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Elijah Deane Jr</i>					
Father's Name <i>John Taylor</i>		Father's Birthplace <i>Caroline Co Md</i>					
Mother's Maiden Name <i>Nancy DeRoachbrook</i>		Mother's Birthplace <i>Caroline Co Md</i>					
Name of person giving information <i>Elijah Deane Jr</i>		How related to deceased <i>Son</i>					
CAUSES OF DEATH							
Primary <i>Arterio-Sclerosis</i>		How long <i>3 or 4 yrs</i>					
Immediate <i>Cerebral Hemorrhage</i>		How long <i>2 days</i>					
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J M Bond</i>		Address <i>Centerville, Md.</i>			
Accident or Suicide? <i>no</i>							



Name  
in  
Full

Mary Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Church Hill</i> Town <i>La co</i> County		MARYLAND	
Date of death	1908	Month	Jan
	Day	25	Age
	Years	27	Months
	Days		
Sex	<i>Female</i>	Color or Race	<i>White</i>
Birthplace	<i>Maryland</i>		
Occupation	<i>Housekeeper for father</i>		
Where Residing if not at place of death	<i>—</i>		
Married, Single or Widowed	<i>Single</i>		
Name of Wife or Husband	<i>John Elliott</i>		
Father's Name	<i>John Elliott</i>		
Father's Birthplace	<i>La co Md</i>		
Mother's Maiden Name	<i>Unknown</i>		
Mother's Birthplace	<i>Unknown</i>		
Name of person giving information	<i>Albert Skinner</i>		
How related to deceased	<i>Niece</i>		

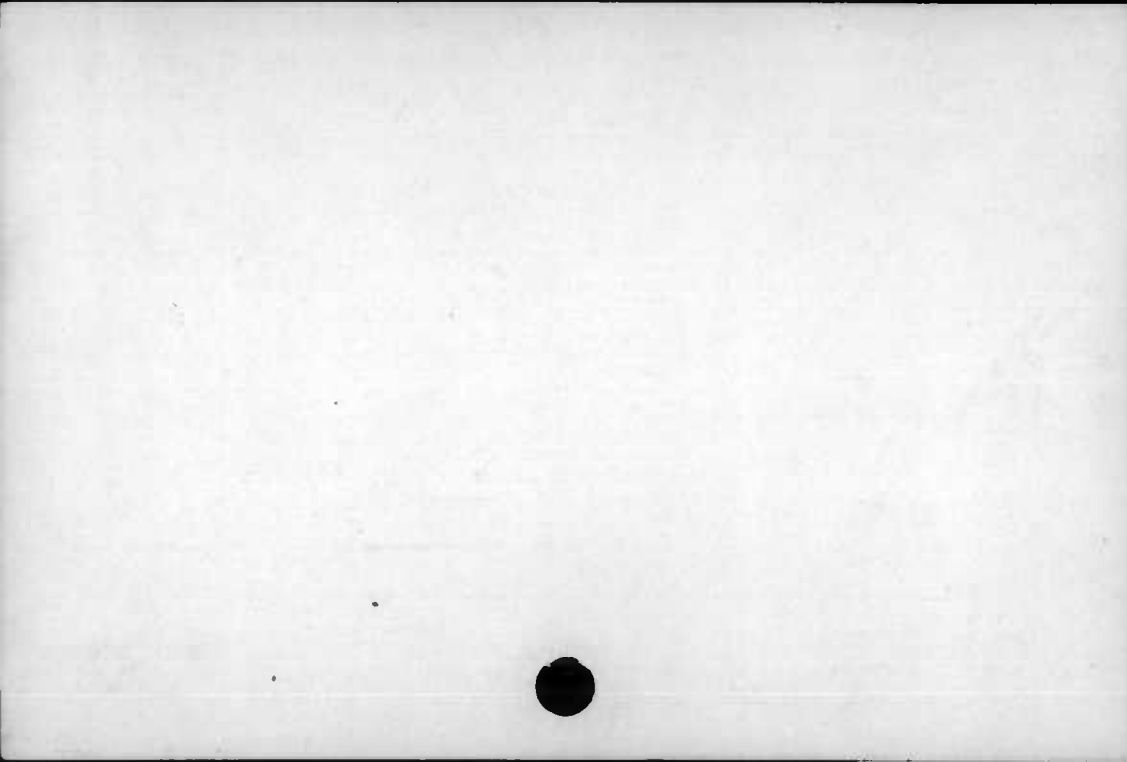
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>27</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Wm. L. Lusk</i>	
		Address	
		<i>Luskville Mo</i>	
Accident or Suicide?			

C. Hunt

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Chester</i>		County <i>Green Anne</i>		MARYLAND
	Date of death	<i>1908</i>	Month <i>Jan</i>	Day <i>9</i>	Age <i>77</i>
	Sex <i>female</i>	Color or Race <i>Colored</i>		Birth-place <i>Kent Island</i>	
	Occupation <i>Housework</i>	Where Residing if not at place of death			
	Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Robt. P. Green</i>			
	Father's Name <i>John Bowser</i>	Father's Birthplace <i>Kent Island</i>			
	Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>Kent Island</i>			
	Name of parson giving information <i>Charley White</i>	How related to deceased <i>husband</i>			
CAUSES OF DEATH					(177)
PHYSICIAN OR CORONER	Primary	<i>Old Age</i>			
	Immediate	<i>Dropsy &amp; Exhaustion</i>			
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>			
	Signature of Physician	<i>Wm. G. Henry</i>			
	Address	<i>Stevensville Md</i>			
Accident or Suicide?					<i>No</i>



Name  
in  
Full

Matilda Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Queenstown</u> Town		<u>L.A.</u> County		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Jan.</u>	Day	<u>6</u>
Age		<u>6-9</u>	Years	Months	Days
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Anne Arundel</u>
Occupation	<u>Mother</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>Wm T. Harris</u>		
Father's Name	<u>Richard Bast</u>		Father's Birthplace	<u>Anne Arundel</u>	
Mother's Maiden Name	<u>Matilda Bast</u>		Mother's Birthplace	<u>Anne Arundel</u>	
Name of person giving information	<u>Wm Harris</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

79

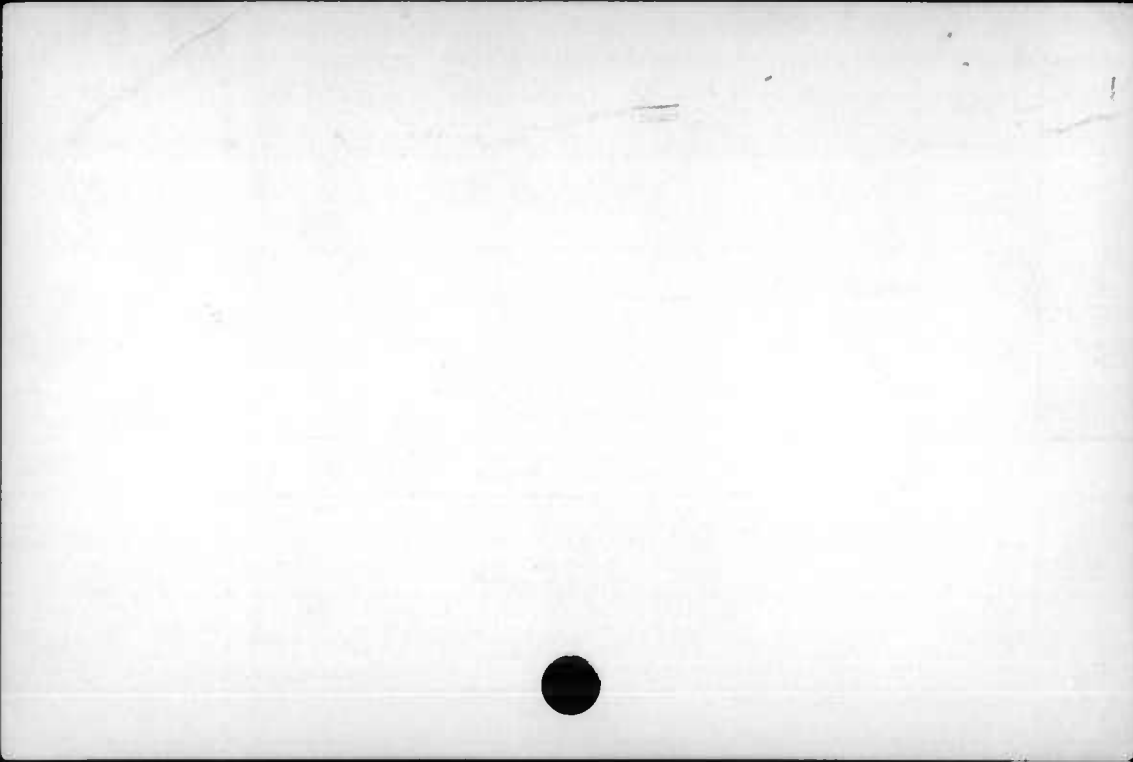
PHYSICIAN  
OR CORONER

Primary	<u>Mitral Stenosis</u>	How long	<u>Don't know</u>
Immediate	<u>Cardiac Failure</u>	How long	<u>Ten minutes</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes.</u>		<u>Pauline H. For</u>	
		Address	
		<u>Queenstown, Md.</u>	
Accident or Suicide?			
<u>9</u>			





Name in Full <b>Rachel K Hendrix</b>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Crumpton</b>		County <b>Queen Anne</b>		<b>MARYLAND</b>
	Date of death <b>1908 Jan 7</b>	Month <b>Jan</b>	Day <b>7</b>	Age <b>68</b>	Months <b>6</b>
	Sex <b>Female</b>		Color or Race <b>white</b>	Birth-place <b>Near Church Hill Md</b>	
	Occupation <b>At Work</b>		Where Residing if not at place of death <b>Crumpton Md</b>		
	Married, Single or Widowed <b>Widow</b>	Name of Wife or Husband <b>Henry Hendrix</b>			
	Father's Name <b>James Woodall</b>	Father's Birthplace <b>Md</b>			
	Mother's Maiden Name <b>Rachel K Woodall</b>	Mother's Birthplace <b>Md</b>			
Name of person giving information <b>At Clay Hendrix</b>		How related to deceased <b>Son</b>			
<div>CAUSES OF DEATH</div> <div>64</div>					
PHYSICIAN OR CORONER	Primary <b>Cerebral Hemiplegia</b>		How long <b>Six Months</b>		
	Immediate <b>Respiratory Failure</b>		How long <b>Thirty Minutes</b>		
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Arthur E. Sanders</b>		
			Address <b>Crumpton Md</b>		
<div>Accident or Suicide?</div> <div></div>					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Benjamin Franklin Hessey

Town

County

Died at

Crumpton

D Anne's

MARYLAND

Date

of death 1908

Month

Day

10

Age

Years

Months

Days

21

Sex

Male

Color or  
Race

White

Birth-  
place

Crumpton

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Benjamin F. Hessey

Father's  
BirthplaceMother's  
Maiden Name

Annie Fithian

Mother's  
BirthplaceName of person giving  
in formation

B. F. Hessey

How related  
to deceased

Father

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Premature Birth

How long

Immediate

Inanition Fever

How long

Week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

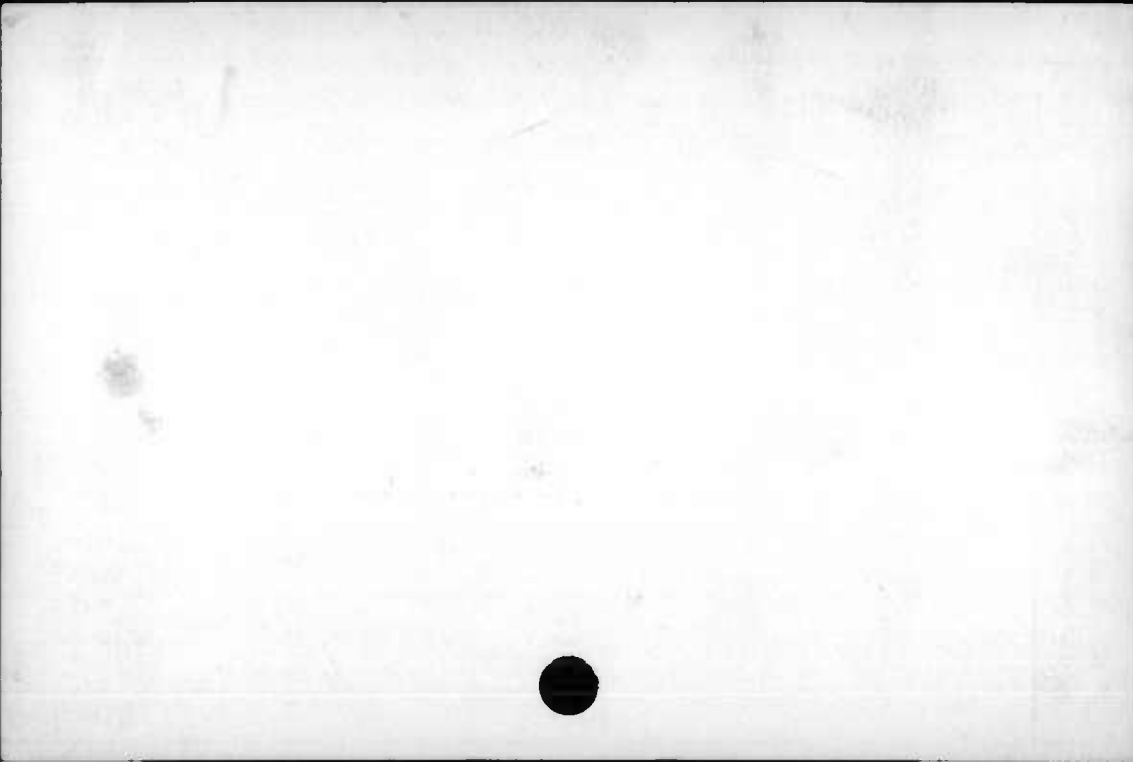
Signature of  
Physician


Arthur E. Landers

Address

Crumpton

Accident or Suicide?



Name in Full		Susanne Houmair				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Wye Mills		Luzerne		MARYLAND		
	Date of death	1908	Month 1	Day 5th	Age 65	Months	Days	
	Sex	Female		Color or Race	Colored		Birth-place	Maryland
	Occupation	Housewife		Where Residing if not at place of death				Wye Mills
	Married, Single or Widowed	Single		Name of Wife or Husband		Henry Houmair		
	Father's Name	Monday Ross				Father's Birthplace	Not Known	
	Mother's Maiden Name	Elizabeth				Mother's Birthplace	Not Known	
	Name of person giving information	Henry Houmair				How related to deceased	Husband	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">66</div> </div>								
PHYSICIAN OR CORONER	Primary	Brights Kidney				How long	Several years	
	Immediate	Hemiplegia				How long	7 days	
	Are the name, age, sex, color, date and place correctly given above?				yes			
	Signature of Physician				J. P. Slack M.D.			
	Address				Wye Mills Md.			
<div style="display: flex; justify-content: space-between;"> <div>  </div> <div>             Accident or Suicide?           </div> </div>								

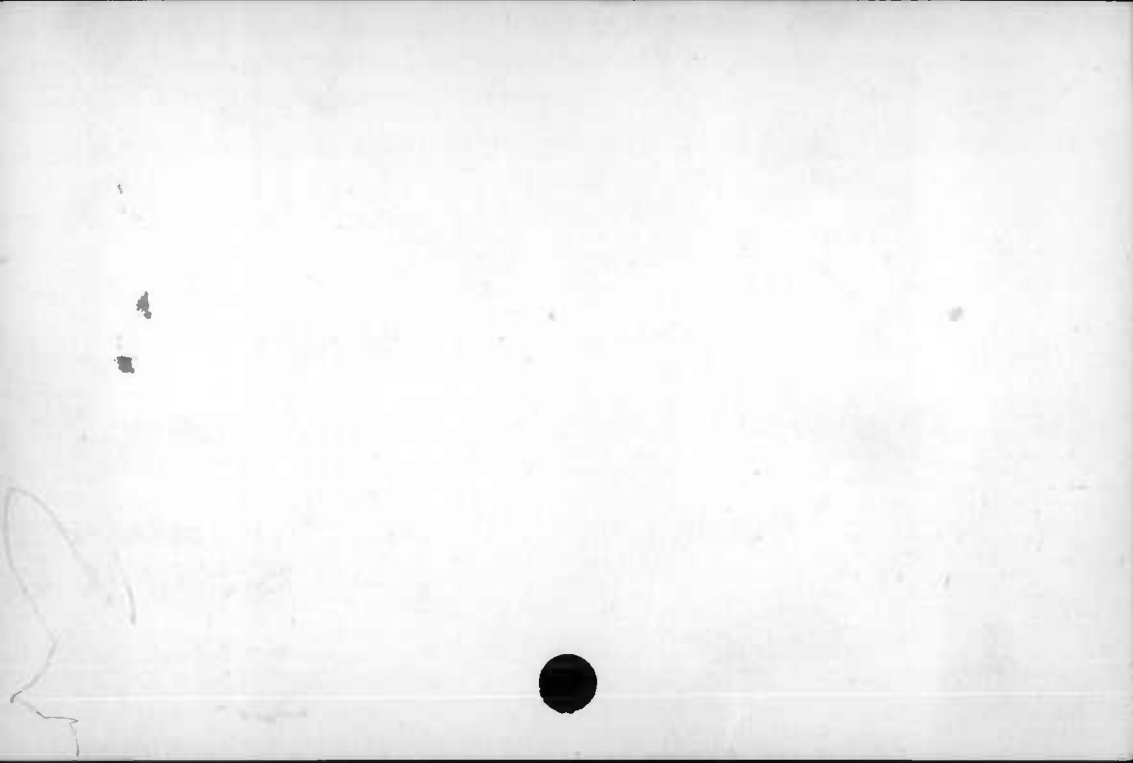
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Name in Full		Certificate of Death			
Mary Ann Hyson		Died at <u>Prices</u> Town		County <u>Queen Anne's</u>	
Date of death <u>1908</u>		Month <u>January</u>	Day <u>15th</u>	Years <u>40</u>	Months <u>11</u> Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Near Prices</u>		MAYLAND	
Occupation <u>House Keeper</u>	Where Residing if not at place of death <u>Near Prices</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>George Washington Hyson</u>				
Father's Name <u>James Seney</u>	Father's Birthplace <u>Near Haydens</u>				
Mother's Maiden Name <u>Ellen Seney</u>	Mother's Birthplace <u>Queen Anne Co.</u>				
Name of person giving information <u>George Washington Hyson</u>	How related to deceased <u>Husband</u>				
CAUSES OF DEATH					
Primary <u>Pneumonia</u>	How long <u>Eight days</u>				
Immediate <u>Asphyxia</u>	How long <u>about 8 hours</u>				
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>V. S. Dudley</u>				
	Address <u>Church Hill</u>				
Accident or Suicide?	<u>Queen Anne's County Md</u>				





Name  
in  
Full

William Wellington King

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Winchester</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Jan</i>	Day <i>21</i>	Age <i>69</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co., Md.</i>		
Occupation <i>Mechanic</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Amanda Rebecca Cox</i>				
Father's Name <i>William Plannar King</i>	Father's Birthplace <i>Somerset Co., Md.</i>				
Mother's Maiden Name <i>Catherine Dix</i>	Mother's Birthplace <i>Somerset Co., Md.</i>				
Name of person giving information <i>Mrs. Amanda P. King</i>	How related to deceased <i>wife</i>				

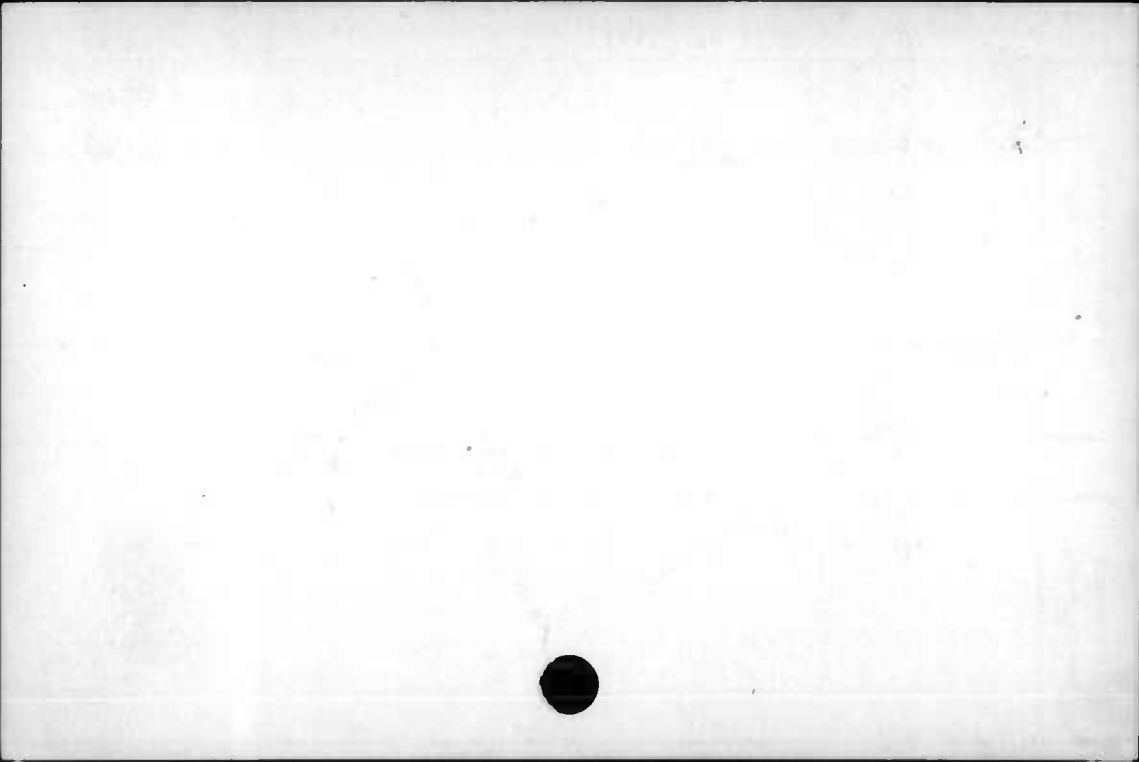
## CAUSES OF DEATH

How long

How long

PHYSICIAN  
OR CORONER

Primary <i>Influenza</i>	<i>Seven days</i>
Immediate <i>Pardice paralysis</i>	<i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rouland H. Ford</i>
<i>Winchester</i>	Address <i>Queenstown, Md.</i>
Accident or Suicide? <i>Cemetery</i>	



Name  
in  
Full

Howard Mansfield

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frids Store</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan.</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i>	Months <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Queen Anne Co. Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward Mansfield</i>			Father's Birthplace <i>La. Co. Md.</i>		
Mother's Maiden Name <i>Dadie Pierson</i>			Mother's Birthplace <i>La. Co. Md.</i>		
Name of person giving information <i>Mr. Edw. Mansfield</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>Several days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. J. Henry</i>
	Address <i>Stevensville Ind.</i>
Accident or Suicidal? <i>No</i>	

100-100000  
100-100000

100-100000



Name  
in  
Full

Rebecca Miller

Coroner  
July 7

## CERTIFICATE OF DEATH

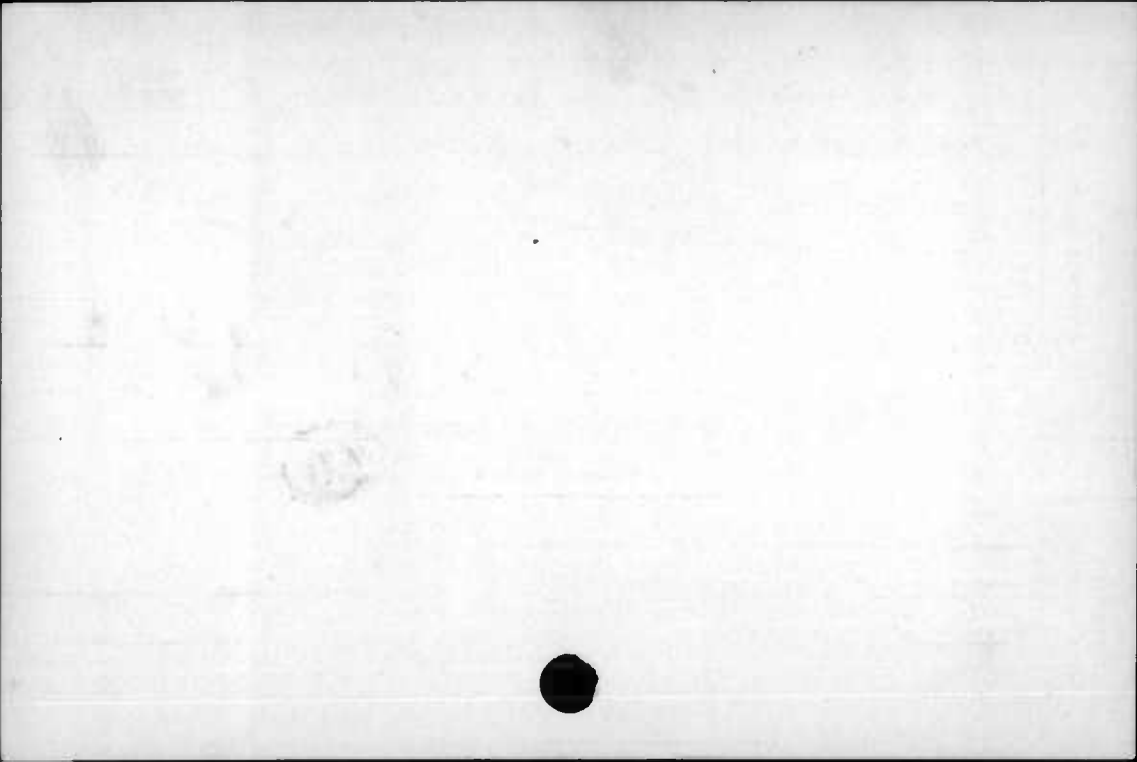
Died at <u>Bentville</u> Town		<u>D.A. Co</u> County		MARYLAND	
Date of death <u>1908</u> Month <u>Jan</u>		Day <u>6<sup>th</sup></u> Years <u>88</u>		Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Deer Creek</u>			
Occupation <u>None</u>		Where Residing if not at place of death <u>Died at Bentville</u>			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Ed. Railey</u>	Father's Birthplace <u>D.A. Co.</u>				
Mother's Maiden Name <u>Can't find out</u>	Mother's Birthplace <u>Can't find out</u>				
Name of person giving information <u>Rebecca Stokes</u>		How related to deceased <u>Daughter</u>			

## CAUSES OF DEATH

(64)

Primary <u>Arterio Sclerosis</u>	How long <u>Don't know</u>
Immediate <u>Cerebral Hemorrhage</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. H. Brown</u>
	Address <u>Bentville</u>
Accident or Suicide? <u>no</u>	<u>Deer Creek Md</u>

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Edeth Morris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

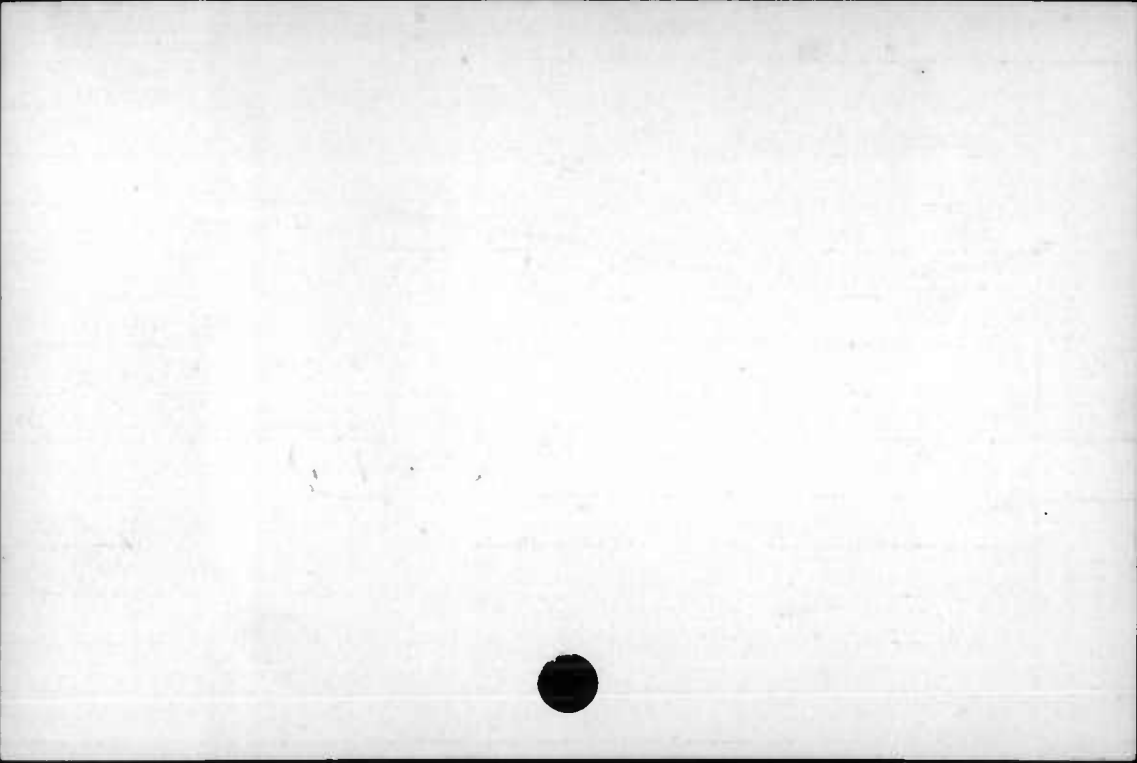
Died at		Town Centreville		County Queen Anne		MARYLAND	
Date of death		1908	Month Jan	Day 30	Age	Years	Months Days 14
Sex		Female		Color or Race		White	
Birth- place		Centreville, Md.					
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Geo Wesley Morris				Father's Birthplace	
Mother's Maiden Name		Jaa Catherine Roe				Mother's Birthplace	
Name of person giving In formation		Geo Wesley Morris				How related to deceased	
						Father	

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Premature Birth	How long	14 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Walter H Fenby M.D.	
		Address	
		Centreville, R.R. No. 4.	
		Md.	
Accident or Suicide?		Accident	





Name  
in  
Full

Mattie Elsie Neal

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

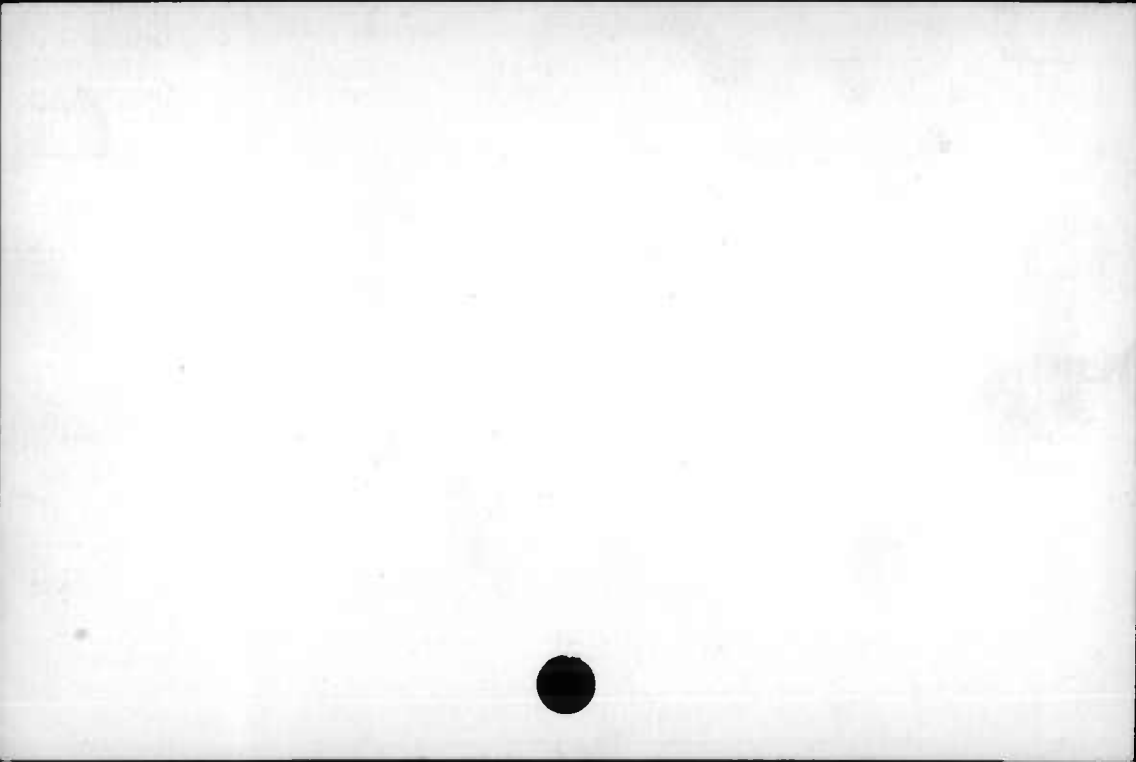
Died at <i>near Millington</i>		Town <i>Queen Anne's</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Jan</i>	Day <i>2</i>	Age <i>6</i>	Years	Months <i>5</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Childhood</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Hamilton Neal</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mattie E. Dixon</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Father</i>				How related to deceased			

## CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary	<i>Basilar Meningitis</i>	How long	<i>about 5 or 6 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H M Jeter M.D.</i>	
		Address <i>Millington, Ind.</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Minnie E. Prichett*

Town *Green Village* County *Green Anne* MARYLAND

Died *Jan 24* 1908

Date of death *1908* Month *Jan* Day *24* Age *—* Years *—* Months *2* Days *20*

Sex *Female* Color or Race *Black* Birth-place *L.A.C. Ind.*

Occupation *—* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John E. Prichett* Father's Birthplace *W. Ind.*

Mother's Maiden Name *Minnie Benson* Mother's Birthplace *L.A.C. Ind.*

Name of person giving information *John E. Prichett* How related to deceased *Father*

CAUSES OF DEATH

**100**

PHYSICIAN  
OR CORONER

Primary *Thrush. -* How long *2 months*

Immediate *Spasms and Asthma* How long *12 hours.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. G. Cippage*

Address *Cham at Hill*

*I have not seen this child since the day it was born*

Accident or Suicide? *No*

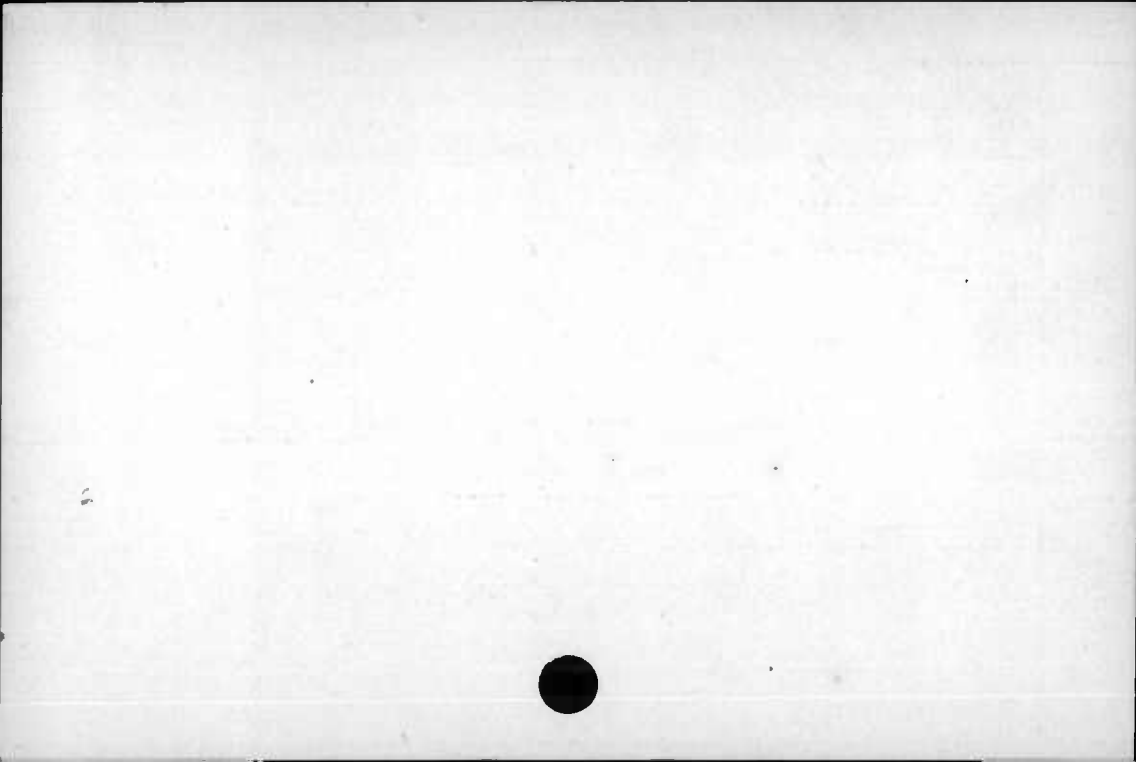
*Sacrum*

Name in Full		Abraham Rochester				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town New England	County Queen Anne's	MARYLAND			
	Date of death	Month 8	Day 25	Year 1908	Months 3	Days 11	
	Sex	Male		Color or Race	Black		
	Occupation	Farmer		Birth-place	Queen Anne's Co.		
	Where Residing if not at place of death	At place of death					
	Married, Single or Widowed	Married		Name of Wife or Husband	Eliza Thomas Rochester		
	Father's Name	Arthur Rochester		Father's Birthplace	D. A. C. Ind.		
	Mother's Maiden Name	Sallie Anne Wilson		Mother's Birthplace	D. A. C. Ind.		
Name of person giving information	Omos O. Rochester		How related to deceased	Son			
CAUSES OF DEATH							(27)
PHYSICIAN OR CORONER	Primary	Tuberculosis & Bright's Disease				How long	2 years
	Immediate	Hemorrhage & Effusion				How long	15 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	H. G. Coopers
	Accident or Suicide?					Address	Church Hill Ind.

n!



Name in Full <b>William H. Sadler</b>		CERTIFICATE OF DEATH	
Died at <b>Winchester</b> <small>Town</small>		<b>Queen Anne</b> <small>County</small>	
Date of death <b>1908</b> <small>Month</small> <b>June</b> <small>Day</small> <b>28</b> <small>Years</small> <b>63</b> <small>Months</small>		<b>MARYLAND</b> <small>Days</small>	
Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Virginia</b>	
Occupation <b>Oysterman</b>	Where Residing if not at place of death		
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Frederica (Coursy) Sadler</b>		
Father's Name <b>Carey Sadler</b>	Father's Birthplace <b>Virginia</b>		
Mother's Maiden Name <b>Bettie Davis</b>	Mother's Birthplace <b>Virginia</b>		
Name of person giving information <b>Frederica (Coursy) Sadler</b>	How related to deceased <b>wife</b>		
CAUSES OF DEATH			
Primary	<b>Chronic Bronchitis</b>		How long <b>Three years</b>
Immediate	<b>Heart failure</b>		How long <b>Don't know</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Rowland H. Ford</b>	
		Address <b>Queenstown, Md.</b>	
Accident or Suicide?			





Name  
in  
Full

Joseph Smith

Green  
1908

## CERTIFICATE OF DEATH

Died at Centerville

Tenn.

County

Queen Anne's

MARYLAND

Date

of death 1908

Month

Jan

Day

8

Age

Years

80

Months

1

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Queen Anne's Co

Occupation

Laborer

Where Residing if not  
at place of death

near Centerville

Married, Single  
or WidowedName of Wife or  
Husband

Susan Smith

Father's  
Name

Peter Smith

Father's  
Birthplace

Queen Anne's Co

Mother's  
Maiden Name

Don't Know

Mother's  
Birthplace

Don't Know

Name of person giving  
information

John Wilson

How related  
to deceased

None

No Physician

## CAUSES OF DEATH

154

Primary

Old age

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

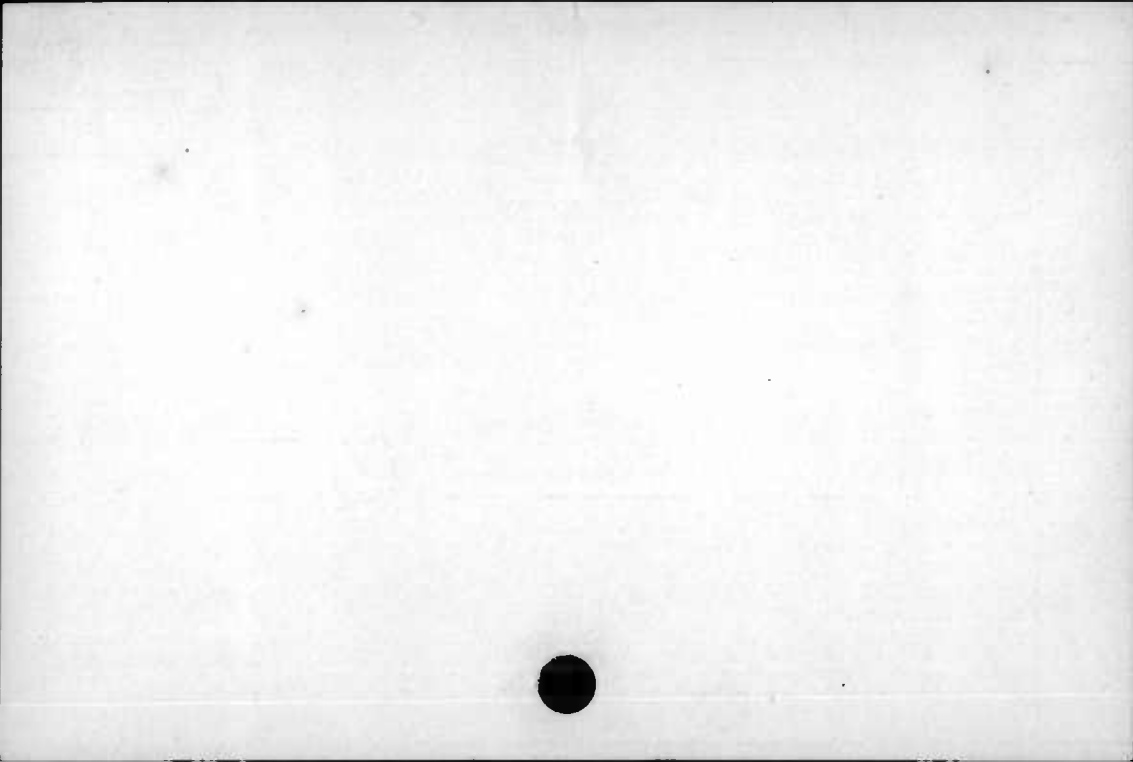
Address

J. M. Wilson

Rt. 2, P. O. Box 154

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Lewis Edger Standsberry

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Centerville R R No 4 <sup>County</sup> Green Anne

MARYLAND

Date of death 1908 Jan 21 Age 69 Months Days

Sex Male Color or Race Colored Birthplace Green Anne Co., Md.

Occupation Team Laborer Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Debbie Standsberry

Father's Name Not Known Father's Birthplace Not Known

Mother's Maiden Name Not Known Mother's Birthplace Not Known

Name of person giving information Maggie Standsberry How related to deceased Daughter

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary La Grippe How long 2 days

Immediate Heart failure How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Walter H. Fenby

Address Centerville R R No 4

Accident or Suicide?

Md.



Name  
in  
Full

## CERTIFICATE OF DEATH

Died at <i>Centreville</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>		Month <i>7</i>	Day <i>13</i>	Age <i>36</i>	Years <i>36</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Queen Anne Co.</i>			
Occupation <i>Maid</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Chas. Stansbury</i>				
Father's Name <i>Alexander Byrns</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Kittie Brown</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>John H. Byrns</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. F. Smith M.D.</i>
<i>9</i>	Address <i>Centreville</i>
Accident or Suicide? <i>No.</i>	<i>Md</i>

Intermission at 15<sup>th</sup>

Name

in  
Full

No Name

Starkey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

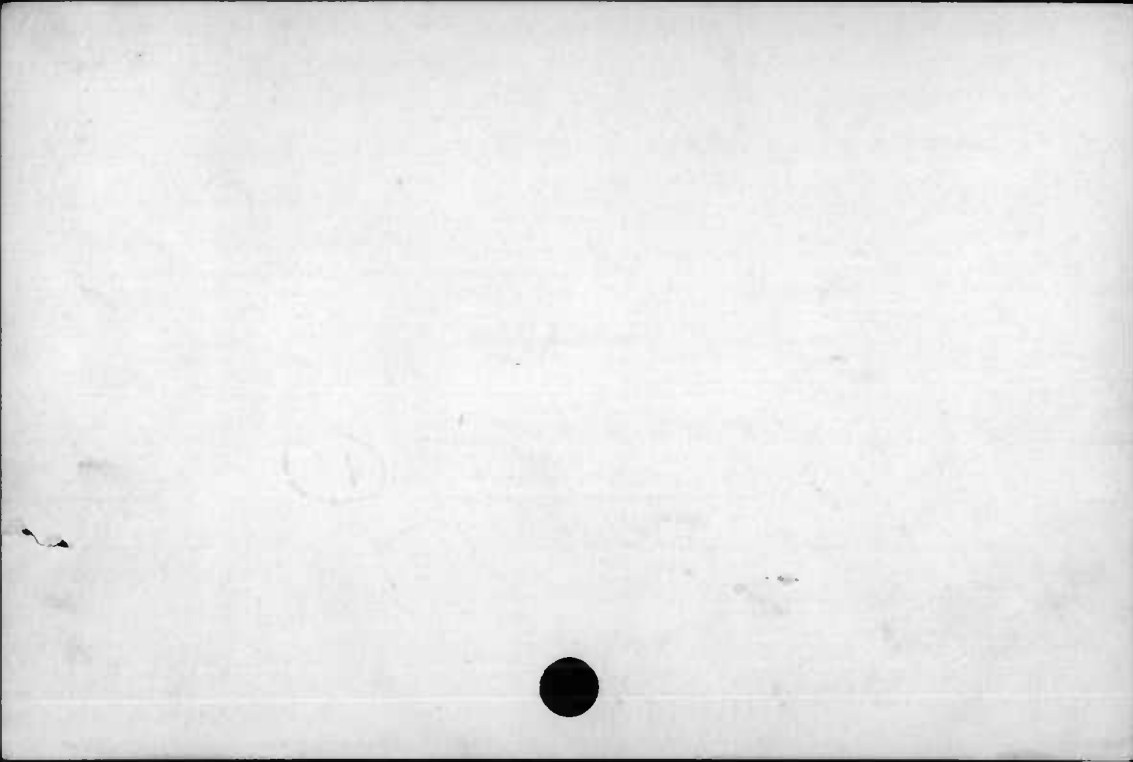
Died at <b>1 Pines</b> Town		<b>24</b> County		MARYLAND	
Date of death <b>1908</b>	Month <b>Jun</b>	Day <b>25</b>	Age <b>—</b>	Months <b>1</b>	Days <b>14</b>
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>24 County</b>		
Occupation <b>—</b>			Where Residing if not at place of death <b>—</b>		
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>			
Father's Name <b>Henry Starkey</b>		Father's Birthplace <b>Caroline Co</b>			
Mother's Maiden Name <b>Mary E. Purcell</b>		Mother's Birthplace <b>24 County</b>			
Name of person giving information <b>Henry Starkey</b>		How related to deceased <b>Father</b>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<b>Premature Birth</b>	How long	<b>—</b>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<b>had no doctor</b>		Address <b>6 E. Smith</b>	
Accident or Suicide?		<b>Local Recd</b>	





Name  
in  
Full

Lizzie Swann

Dawson

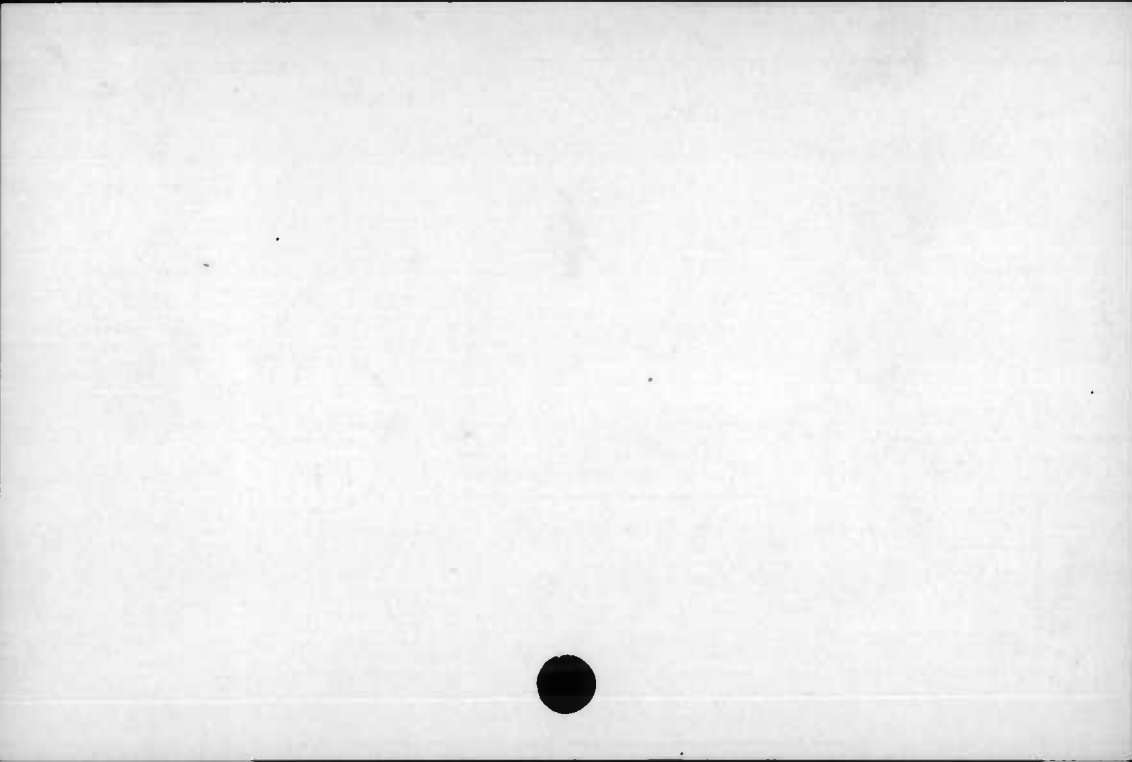
## CERTIFICATE OF DEATH

Died at		Burrisville		Town		Queen Anne		County		MARYLAND	
Date of death		1908		Month		Jan		Day		19	
Age		85		Years		8		Months		Days	
Sex		Female		Color or Race		Negro		Birth-place		Queen Anne Co	
Occupation		Housewife		Where Residing if not at place of death		Near Burrisville					
Married, Single, Widowed		Widowed		Name of Wife or Husband		H. E. Swann					
Father's Name		Perry Forman		Father's Birthplace		I. A. Co.					
Mother's Maiden Name		Burtis		Mother's Birthplace		I. A. Co.					
Name of person giving information		Wm M. Daniel		How related to deceased		Not Related					

## CAUSES OF DEATH

179

PHYSICIAN OR CORONER	Primary	General Debility		How long	about 1 year
	Immediate	Exhaustion		How long	1 week.
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
				E. F. Smith	
				Address	
				Centreville	
				Md.	
Accident or Suicide?					



Name  
in  
Full

Mary Agnes. Vosshell.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

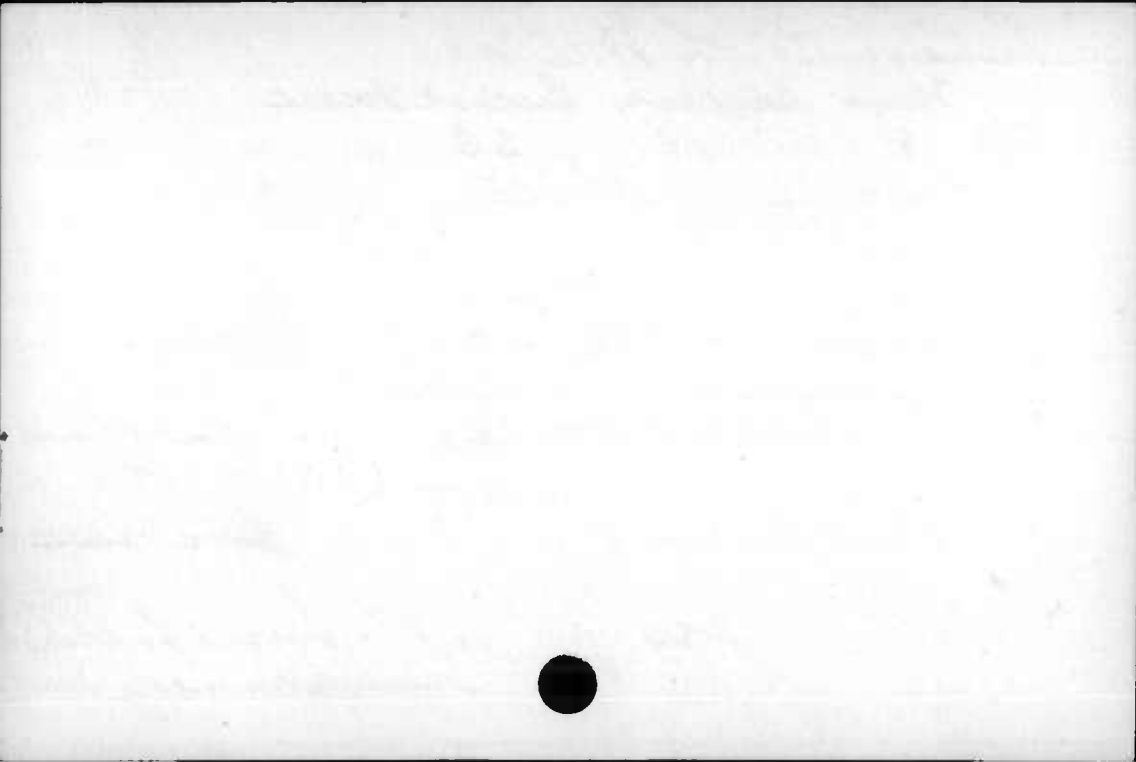
Died at		Town <i>Blancker</i>		County <i>Queen Annes</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
<i>1908</i>		<i>Jan</i>	<i>1</i>	<i>5</i>			
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Blancker</i>
Occupation	<i>Child head</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Wm Vosshell.</i>					Father's Birthplace	<i>Maryland.</i>
Mother's Maiden Name	<i>Mary B. Bennett</i>					Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Father</i>					How related to deceased	

## CAUSES OF DEATH

(85)

PHYSICIAN  
OR CORONER

Primary	<i>Anemia - + Catarrh - nasal.</i>	How long	<i>5 or 6 months</i>
Immediate	<i>Nasal Hemorrhages.</i>	How long	<i>about 7 or 8 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Wm. Jeter.</i>	
		Address	
		<i>Millington, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Lillian Ruth Wallace		County		MARYLAND	
Died at Mar Barclay Queen Anne		County		MARYLAND	
Date of death 1908		Month 1		Day 19	
Age 23		Years		Months -	
Sex Female		Color or Race White		Birth-place Md -	
Occupation Housework		Where Residing if not at place of death			
<del>Married</del> Single		Name of Wife or Husband -			
Father's Name John C. Wallace		Father's Birthplace Md.			
Mother's Maiden Name Josephine Booker		Mother's Birthplace Md.			
Name of person giving information David Wallace		How related to deceased Brother			

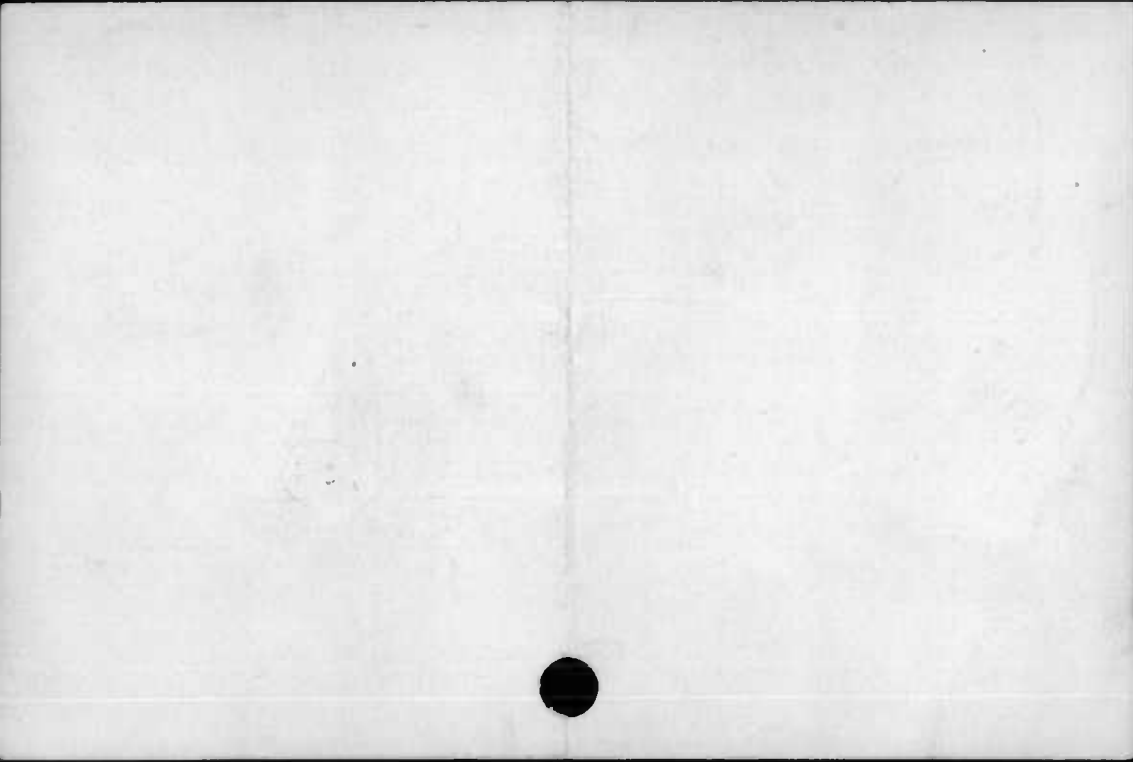
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Phthisis	(27)	How long	one year
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician J. P. Smith, M.D.	
Address			Frederick Md.	
Accident or Suicide?				

Sunderwick

Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Templerville</i>		Town <i>Templerville</i>		County <i>Queen Anne</i>		MARYLAND	
	Date of death <i>1908</i>		Month <i>1st</i>	Day <i>30</i>	Years <i>57</i>	Months <i>-</i>	Days <i>-</i>	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
	Occupation <i>Farmer</i>		Where Residing if not at place of death					
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret J. Ware</i>					
	Father's Name <i>William Ware</i>		Father's Birthplace <i>Delaware</i>					
	Mother's Maiden Name <i>Jane Flouris</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving information <i>Margaret J. Ware</i>				How related to deceased <i>Wife</i>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		<i>Bright's disease</i>			How long <i>2 years</i>		
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>J. R. Smith, M.D.</i>			
					Address <i>Templerville Md.</i>			
Accident or Suicide?								





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at <i>Centerville</i>		Town <i>Centerville</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>1</i>	Day <i>23</i>	Age <i>68</i>	Years	Months <i>5</i>	Days <i>28</i>
Sex <i>Male</i>		Color or Race <i>American</i>		Birth-place <i>Elkton</i>			
Occupation <i>Justice of Peace</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Anna H. Reeves</i>					
Father's Name <i>James Woodford</i>		Father's Birthplace <i>Connecticut</i>					
Mother's Maiden Name <i>Julia Mills</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>H. J. Woodford</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

81

PHYSICIAN  
OR CORONER

Primary	<i>Arterio-Sclerosis</i>	How long	<i>Amn. 1 hour</i>
Immediate	<i>Heart dilatation</i>	How long	<i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. J. Woodford M.D.</i>	
		Address <i>Centerville, Queen Anne Co.</i>	
Accident or Suicide? <i>No</i>			

(1)

